Fédération Européenne des Associations Médicales Catholiques

F.E.A.M.C.

European Federation of Catholic Medical Associations

www.feamc.eu

Maestro della Santa Cecilia, Guarigione dell'uomo di Lleida, 1295-1299 circa, Basilica superiore di Assisi

ASSISI

FEAMC Symposium

27-29 May 2022

Challenges of competence and compassion in contemporary medicine

Compassion: practically?

Palliative care

H.E.R. Msgr. Francesco Savino

Bishop of Cassano all'Jonio

Member of the Charity and Health Commission of the Italian Episcopal Conference

Assisi, Saturday 28 May 2022

Compassion is the soul itself

of medicine

Pain is a complex, global experience, and difficult to objectify, because it involves the whole person and all his or her dimensions.

- **The issue of pain, suffering and the care and taking care of sick people is an issue today as it was yesterday, as it will be tomorrow, as it has always been**

First,

we must situate the pain,
so to speak,
topographically in the body.

One must situate the pain or pathology in time. Understand the antiquity, the evolution, the present situation, whether the pains are short or long, whether they are continuous, etc.
It is important to understand the frequency with which the pain occurs, i.e. rarely, frequently, etc. Sometimes it is also possible to establish a time of pain and this is also indicative. There is even talk of a pain calendar.

Another important factor is the quantitative determination of pain, that is, the intensity or degree of pain. The more intense the pain, the more it affects the vegetative system. There are some pains that speak for themselves. Certainly there is always a subjective component, but a good clinician must learn to read the totality of signs and symptoms.

The relationship between pain intensity and time.

One speaks of gradual or progressive pain, of flashing pain, physical pain, undulating, pulsatile, etc. Each characteristic has its own hermeneutic value.

It is also necessary to specify the circumstances of the pain, those conditions that modify it and those manifestations that accompany it.

The problem of chronic pain

Physical pain is a human condition that limits a person's operational and intellectual capacities, which explains the human instinct to free oneself from all forms of pain.
It is important to understand the difference between a therapy that provides the sick person with help in dying and a therapy that assumes
an aid in dying. In the first case we are dealing with outright euthanasia.
Science allows the mitigation of pain in an almost total way.

The problem of chronic pain

Analgesic therapies that allow today's terminally ill patients to remain pain-free and comfortable are a matter of professional competence.
In the face of suffering and pain, human and Christian prudence counsels the use of appropriate medicines to alleviate or eliminate pain for the majority of the sick. Sedation is also permissible under certain conditions.

Missing training integral

- **Separating CARE from CARING always means trampling on human dignity**

- **COMPASSION *(suffer-with)*, ASSISTANCE *(stay-with)* and MERCY are the soul of medicine.**

Compassion is not pity and can be developed.

TOP TEN SCIENTIFIC REASONS WHY COMPASSION IS GREAT MEDICINE

HEARTS in Healthcare

1 COMPASSION CHANGES PATIENTS' PHYSIOLOGY Non-verbal communication of compassion directly affects patients' autonomic nervous system, breathing, heart rate variation (HRV), reduces stress and increases peacefulness

2 COMPASSION REDUCES PAIN After an empathetic pre-op consultation, patients have better surgical outcomes, better wound healing, use half the dose of morphine and and go home earlier (randomized controlled trials)

3 COMPASSION REDUCES READMISSIONS When patients are given compassionate care in the ER they are 30% less likely to return to the ER for the same problem (randomized controlled trial)

4 COMPASSION PROLONGS SURVIVAL Patients with terminal lung cancer with early access to compassionate palliative care have better quality of life, less depression, fewer interventions, reduced cost of care, and survive on average 30% longer (randomized controlled trial)

5 COMPASSION REDUCES MORTALITY Having a caring doctor cuts the five-year risk of a heart attack more than aspirin, and reduces overall mortality more than smoking cessation (meta-analysis of randomized controlled trials)

6 COMPASSION IMPROVES GLUCOSE CONTROL Diabetic patients who rate their doctors as 'high empathy' have 42% fewer emergency admissions to hospital

7 COMPASSION IMPROVES TRAUMA OUTCOMES Surgical trauma patients who rated their doctor 'high empathy' were twenty times more likely to report good outcomes six weeks after discharge

8 COMPASSION INCREASES PATIENT ADHERENCE Patient adherence with treatment is 62% higher when the physician has been trained in empathetic doctor-patient communication (meta-analysis)

9 COMPASSION BOOSTS IMMUNE FUNCTION Patients with the common cold who receive an empathetic consultation have less severe symptoms, recover earlier and have greater changes in IL-6 and neutrophil count

10 COMPASSION REDUCES HEALTH COSTS Total costs of healthcare in the whole system are 30% lower when the primary care doctor provides 'above median' patient-centered care

Compassion

one of the cardinal principles of Hospices and palliative care

Hospices, palliative care and home care:

global accompaniment of the sick person

I START FROM A HOSPICE EXPERIENCE-TESTIMONY

"Life is like a journey and the duration is linked to destiny. When we are born, we set sail from a calm and safe harbour and venture into a troubled sea of joys and sorrows aboard a small boat with little experience.
With each port of call we increase our experiences and after a period in a calm and safe harbour we take to the sea again, ready to face new joys and new sorrows, because each port of call left behind has certainly made us more human, but also more... vulnerable.

So, if it is true that death is an island in this troubled sea, one thing is certain: everyone should have the opportunity to make this last voyage aboard a safe vessel.
My father had this chance and found a safe vessel by the name of Hospice and a prepared and gentle crew; he reached his final safe harbour in a flash, without anxieties or fears'.

PALLIATIVE CARE:

A RESPONSE TO THE SUFFERING AND NEEDS OF THE INCURABLY ILL AND THEIR FAMILIES

Cecily Saunders:

"You are important because you are you and you are important until the end".

"I have been a nurse, I have been a social worker, I have been a doctor. But the hardest thing of all is to learn to be patient".

DEFINITION O.M.S.

Palliative Care is an approach that improves the **quality of life of** patients and their families facing problems related to life-threatening illnesses, through the prevention and relief of suffering, by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial, spiritual problems.

DEFINITION O.M.S.

Palliative care:

- Provide control of pain and other symptoms that cause suffering
- They affirm the value of life and regard death as a natural process
- They do not intend to hasten or postpone death
- Integrating the psychological and spiritual aspects of patient care
- They offer a support system for the sick to help them live as actively as possible until death

DEFINITION O.M.S.

They offer a support system for the family to help them during the illness and bereavement phase

They use teamwork to respond to the needs of the sick person and the family, including support during bereavement, if indicated

DEFINITION O.M.S.

They want to improve the quality of life, and can also positively influence the course of the disease

They are applicable early in the course of the disease, along with other therapies aimed at prolonging life, such as chemotherapy and radiotherapy, and include those diagnostic investigations necessary to better understand and treat the clinical complications that cause suffering

World Health Organisation document:

"Strengthening of palliative care as a component of integrated treatment throughout the life course".

4 April 2014 - 67th General Assembly of the WHO

- *Access to palliative care is confirmed as a* ***FUNDAMENTAL HUMAN RIGHT****.*
- *It is emphasised that the resources to be allocated to palliative care can be recovered from the savings resulting from its application with regard to the prevention of inappropriate hospitalisation and treatment as well as from better ethical decision-making.*
- *The importance of integrating palliative care into healthcare systems by providing two levels (basic and specialist) involving all healthcare professionals whose pre- and post-graduate training is desired is emphasised.*

PALLIATIVE CARE IS CHANGING!

- **Extension of the application of palliative care to all chronic degenerative diseases**
- **Early palliative care throughout the course of the disease**
- **Application of palliative care in all care settings**
- **Complexity of needs vs. prognosis as the main criterion for specialist palliative care intervention**
- **Moving from a 'specialty (oncology) approach' to a 'national health care system approach**

Dzingina M.D., Higginson I. 'Public Health and Palliative Care 2015'. Clin. Geriatr. Med. 2015;31:253-63

Palliative Care aims to improve the Quality of Life of patients and their families

But what is Quality of Life?

Calman's Gap

Ideal situation

Quality of life

Actual situation

LAW No. 38 of *15 March 2010*

Provisions to guarantee access to palliative care and pain therapy

FINALLY

Law No. 38 of 15 March 2010

Provisions to guarantee access to palliative care and pain therapy

ART. 1

This law protects the citizen's right to access palliative care and pain therapy.

1. It is a measure that enshrines the ethical duty to offer the patient and his or her family the right to access palliative care and pain therapy.

2. It is the first example at European level of framework legislation obliging a health care system to deal with palliative care and pain in all care settings, at every stage of life, for any chronic and progressive pathology

3. It is a measure that has met with the consensus of the entire scientific, professional, non-profit and voluntary world. The law rigorously redefines care models, creates two distinct networks between pain and palliative care, pays attention to paediatric specificity, and simplifies procedures for access to medicines used in pain therapy.

4. It indicates appropriate training paths for the qualification and updating of professional figures working in the networks

PALLIATIVE CARE NETWORK

Basic Palliative Care

- **Basic interventions ensure**

  a palliative approach through optimal symptom control and

  proper communication with the sick person and the family.

  This care is provided by doctors and nurses with a good basic knowledge of palliative care, but for whom it is not the main focus of activity.

  Care requires planned interventions according to

  the individual care plan.

Specialist Palliative Care

- **The interventions of dedicated multi-professional specialist teams**

  are aimed at patients with complex needs, for whom basic interventions are inadequate;

  require a high level of expertise and interdisciplinary working methods.

  In relation to the level of complexity, also linked to clinical instability and symptoms that are difficult to control, continuity of care, planned and articulated interventions over seven days, defined by the individual care plan, as well as prompt medical availability over 24 hours, also for the need to provide support to the family and/or care-giver, must be guaranteed.

at a glance

Hospices - palliative care is the third way between therapeutic obstinacy e euthanasia

"I encourage professionals and students to specialise in this type of care, which has no less value because it 'does not save lives'. Palliative care achieves something equally important: it values the person."

Pope Francis, Address to the Pontifical Academy for Life
5 March 2015

What to say to a dying person?

- *Remind me*
- *I will remember you*
- *Thank you*
- *I love you*
- *Goodbye*

George Grunjes

I do not ask
that you heal me offended
would be
the question
which you cannot fulfil.
I ask that you
save me
and do not leave me
forever
subjugate
to this
daily death

D. M. Turoldo

Thank you!

✠ *Francesco Savino*